

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

HOLLY MARLENE LEEDS, M.D.

Case No. 800-2014-006362

**Physician's and Surgeon's
Certificate No. G79232**

Respondent

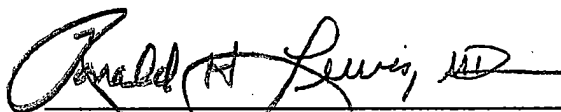
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 6, 2018.

IT IS SO ORDERED: August 7, 2018.

MEDICAL BOARD OF CALIFORNIA



Ronald Lewis, M.D., Chair
Panel A

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 MEGAN R. O'CARROLL
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8 *Attorneys for Complainant*
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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

14 **HOLLY MARLENE LEEDS, M.D.**
15 **22990 BLUE HERON RD**
GRASS VALLEY, CA 95949

16 **Physician's and Surgeon's Certificate No.**
17 **No. G 79232**

18 Respondent.
19

Case No. 800-2014-006362

OAH No. 2017070296

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 PARTIES

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
24 of California (Board). She brought this action solely in her official capacity and is represented in
25 this matter by Xavier Becerra, Attorney General of the State of California, by Megan R.
26 O'Carroll, Deputy Attorney General.

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2. Respondent Holly Marlene Leeds, M.D. (Respondent) is represented in this proceeding by attorney Dominique A. Pollara, whose address is: 3600 American River Drive, Suite 160, Sacramento, CA 95864.

3. On or about June 22, 1994, the Board issued Physician's and Surgeon's Certificate No. G 79232 to Holly Marlene Leeds, M.D. (Respondent). The Physician's and Surgeon's Certificate No. G 79232 will expire on November 30, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2014-006362 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 22, 2017. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2014-006362 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-006362. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2014-006362, if proven at a hearing, constitute cause for imposing discipline upon her
4 Physician's and Surgeon's Certificate No. G 79232.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
7 basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest
8 those charges.

9 11. Respondent further agrees that if she ever petitions for early termination or
10 modification of probation, or if an accusation and/or petition for revocation of probation is filed
11 against her before the Medical Board of California, all of the charges and allegations contained in
12 the Accusation No. 800-2014-006362, shall be deemed true, correct and fully admitted by
13 Respondent for purposes of any such proceeding, or other licensing proceeding involving
14 Respondent in the State of California.

15 12. Respondent agrees that her Physician's and Surgeon's Certificate No. G 79232 is
16 subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in
17 the Disciplinary Order below.

18 CONTINGENCY

19 13. This stipulation shall be subject to approval by the Medical Board of California.
20 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
21 Board of California may communicate directly with the Board regarding this stipulation and
22 settlement, without notice to or participation by Respondent or her counsel. By signing the
23 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek
24 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
25 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
26 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
27 action between the parties, and the Board shall not be disqualified from further action by having
28 considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 79232 issued to Respondent Holly Marlene Leeds, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions.

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
2 complete any other component of the course within one (1) year of enrollment. The prescribing
3 practices course shall be at Respondent's expense and shall be in addition to the Continuing
4 Medical Education (CME) requirements for renewal of licensure.

5 A prescribing practices course taken after the acts that gave rise to the charges in the
6 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
7 or its designee, be accepted towards the fulfillment of this condition if the course would have
8 been approved by the Board or its designee had the course been taken after the effective date of
9 this Decision.

10 Respondent shall submit a certification of successful completion to the Board or its
11 designee not later than 15 calendar days after successfully completing the course, or not later than
12 15 calendar days after the effective date of the Decision, whichever is later.

13 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
14 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
15 advance by the Board or its designee. Respondent shall provide the approved course provider
16 with any information and documents that the approved course provider may deem pertinent.
17 Respondent shall participate in and successfully complete the classroom component of the course
18 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
19 complete any other component of the course within one (1) year of enrollment. The medical
20 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
21 Medical Education (CME) requirements for renewal of licensure.

22 A medical record keeping course taken after the acts that gave rise to the charges in the
23 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
24 or its designee, be accepted towards the fulfillment of this condition if the course would have
25 been approved by the Board or its designee had the course been taken after the effective date of
26 this Decision.

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1 Respondent shall submit a certification of successful completion to the Board or its
2 designee not later than 15 calendar days after successfully completing the course, or not later than
3 15 calendar days after the effective date of the Decision, whichever is later.

4 4. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
5 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
6 where: 1) Respondent merely shares office space with another physician but is not affiliated for
7 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
8 location.

9 If Respondent fails to establish a practice with another physician or secure employment in
10 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
11 Respondent shall receive a notification from the Board or its designee to cease the practice of
12 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
13 practice until an appropriate practice setting is established.

14 If, during the course of the probation, the Respondent's practice setting changes and the
15 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
16 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
17 If Respondent fails to establish a practice with another physician or secure employment in an
18 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
19 shall receive a notification from the Board or its designee to cease the practice of medicine within
20 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
21 appropriate practice setting is established.

22 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
23 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
24 Chief Executive Officer at every hospital where privileges or membership are extended to
25 Respondent, at any other facility where Respondent engages in the practice of medicine,
26 including all physician and locum tenens registries or other similar agencies, and to the Chief
27 Executive Officer at every insurance carrier which extends malpractice insurance coverage to

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1 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
2 calendar days.

3 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

4 SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE

5 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
6 advanced practice nurses.

7 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
8 governing the practice of medicine in California and remain in full compliance with any court
9 ordered criminal probation, payments, and other orders.

10 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
11 under penalty of perjury on forms provided by the Board, stating whether there has been
12 compliance with all the conditions of probation.

13 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
14 of the preceding quarter.

15 8. GENERAL PROBATION REQUIREMENTS.

16 Compliance with Probation Unit

17 Respondent shall comply with the Board's probation unit.

18 Address Changes

19 Respondent shall, at all times, keep the Board informed of Respondent's business and
20 residence addresses, email address (if available), and telephone number. Changes of such
21 addresses shall be immediately communicated in writing to the Board or its designee. Under no
22 circumstances shall a post office box serve as an address of record, except as allowed by Business
23 and Professions Code section 2021(b).

24 Place of Practice

25 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
26 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
27 facility.

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1 License Renewal

2 Respondent shall maintain a current and renewed California physician's and surgeon's
3 license.

4 Travel or Residence Outside California

5 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
6 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
7 (30) calendar days.

8 In the event Respondent should leave the State of California to reside or to practice,
9 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
10 departure and return.

11 9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
12 available in person upon request for interviews either at Respondent's place of business or at the
13 probation unit office, with or without prior notice throughout the term of probation.

14 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
15 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
16 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
17 defined as any period of time Respondent is not practicing medicine as defined in Business and
18 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
19 patient care, clinical activity or teaching, or other activity as approved by the Board. If
20 Respondent resides in California and is considered to be in non-practice, Respondent shall
21 comply with all terms and conditions of probation. All time spent in an intensive training
22 program which has been approved by the Board or its designee shall not be considered non-
23 practice and does not relieve Respondent from complying with all the terms and conditions of
24 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
25 on probation with the medical licensing authority of that state or jurisdiction shall not be
26 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
27 period of non-practice.

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1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
2 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
3 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
4 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
5 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

6 Respondent's period of non-practice while on probation shall not exceed two (2) years.

7 Periods of non-practice will not apply to the reduction of the probationary term.

8 Periods of non-practice for a Respondent residing outside of California will relieve
9 Respondent of the responsibility to comply with the probationary terms and conditions with the
10 exception of this condition and the following terms and conditions of probation: Obey All Laws;
11 General Probation Requirements; Quarterly Declarations.

12 11. COMPLETION OF PROBATION. Respondent shall comply with all financial
13 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
14 completion of probation. Upon successful completion of probation, Respondent's certificate shall
15 be fully restored.

16 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
17 of probation is a violation of probation. If Respondent violates probation in any respect, the
18 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
19 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
20 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
21 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
22 the matter is final.

23 13. LICENSE SURRENDER. Following the effective date of this Decision, if
24 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
25 the terms and conditions of probation, Respondent may request to surrender his or her license.
26 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
27 determining whether or not to grant the request, or to take any other action deemed appropriate
28 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

1 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
2 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
3 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
4 application shall be treated as a petition for reinstatement of a revoked certificate.

5 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
6 with probation monitoring each and every year of probation, as designated by the Board, which
7 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
8 California and delivered to the Board or its designee no later than January 31 of each calendar
9 year.

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DATED:

Holly Marlene Leach MD

DATED:

4/30/2018


DOMINIQUE A. POLLARA
Attorney for Respondent

ENDORSEMENT

Dated:

4-30-18

Respectfully submitted,

XAVIER BECERRA
Attorney General of California

ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

Megan O'Carroll

MEGAN R. O'CARROLL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2014-006362

1 XAVIER BECERRA
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Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO JUNE 22, 2017
BY: [Signature] ANALYST

10 BEFORE THE
11 MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
12 STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2014-006362

14 **HOLLY MARLENE LEEDS, M.D.**
22990 BLUE HERON RD
15 GRASS VALLEY, CA 95949

ACCUSATION

16 Physician's and Surgeon's Certificate No. G 79232,
17 Respondent.

18
19
20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer
24 Affairs (Board).

25 2. On or about June 22, 1994, the Medical Board issued Physician's and Surgeon's
26 Certificate No. G 79232 to Holly Marlene Leeds, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate No. G 79232 will expire on November 30, 2017, unless renewed.

28 ///

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.”

5. Section 2234 of the Code, states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

1 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
2 violation of, or conspiring to violate any provision of this chapter.

3 “(b) Gross negligence.

4 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from
6 the applicable standard of care shall constitute repeated negligent acts.

7 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate
8 for that negligent diagnosis of the patient shall constitute a single negligent act.

9 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a
11 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the
12 applicable standard of care, each departure constitutes a separate and distinct breach of the
13 standard of care.

14 “(d) Incompetence.

15 “(e) The commission of any act involving dishonesty or corruption which is substantially
16 related to the qualifications, functions, or duties of a physician and surgeon.

17 “(f) Any action or conduct which would have warranted the denial of a certificate.

18 “(g) The practice of medicine from this state into another state or country without meeting
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the
21 proposed registration program described in Section 2052.5.

22 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder
24 who is the subject of an investigation by the board.”

25 6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
26 adequate and accurate records relating to the provision of services to their patients constitutes
27 unprofessional conduct.”

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence, Patient E.T.)**

3 7. Respondent Holly Marlene Leeds, M.D., is subject to disciplinary action under
4 section 2234, subsection (b), of the Code, in that she was grossly negligent in her care and
5 treatment of patient E.T. The circumstances are as follows:

6 8. Respondent worked as a general practitioner at Placer County Medical Clinic from
7 approximately 2012 until November of 2016. Respondent began treating E.T. in or around
8 February of 2012, when he presented with leg pain that she felt was consistent with a herniated
9 disc. Respondent ordered physical therapy and an MRI, and referred E.T. to a physiatrist for
10 steroid injections.

11 9. During the course of E.T.'s treatment with Respondent, E.T. failed to keep
12 appointments with specialists, began demanding increasing amounts of medication, and created a
13 disruption in the clinic waiting room area. During the course of his treatment, E.T. left the state
14 for a period of time, and Respondent indicated that she would not continue to prescribe controlled
15 medications unless he provided her with treatment records from out of state, but there are no out
16 of state treatment records in the medical record, and Respondent continued to prescribe controlled
17 substances to E.T.

18 10. On or about January 14, 2014, Respondent had an appointment with E.T. during
19 which E.T. requested a referral for marital counseling, and reported a history of psychiatric
20 issues. Under the physical examination, Respondent documented that E.T. was acutely
21 uncomfortable, without further clarification. Respondent noted that E.T. had a drug screen that
22 was negative for opiates on several occasions, and that he was demanding an increase in
23 medication. Respondent charted that E.T. may be a fast metabolizer. The neurological and
24 psychiatric examination Respondent documented that E.T. was alert to time and place, and had
25 normal mood and affect.

26 11. Again at a visit on or about March 14, 2014, E.T.'s toxicology test was negative for
27 opiates, despite E.T. reporting to have taken his last dose of oxycodone the day of the visit. E.T.
28 complained of aches and pain for two days, and a pain score of "three even more." Respondent

1 did not document a physical examination. Respondent prescribed clonazepam, .5 mg twice per
2 day and ordered another urine screening.

3 12. On or about December 4, 2014, Respondent documented that E.T. had moved out of
4 state in September and October, but had since returned to California. Respondent documented
5 that E.T. had failed to keep multiple appointments with the psychiatrist and a neurologist.
6 Respondent documented that E.T.'s wife had sought medication for E.T. while he was out of the
7 state. Respondent documented a physical examination that was unclear and contradictory.
8 Further, the physical symptoms documented were confusing and did not address key symptoms
9 associated with E.T.'s spinal diagnosis. Respondent's plan included anti-inflammatory
10 medications, a muscle relaxer, an anti-depressant, and antibiotics and inhaler for bronchial
11 symptoms.

12 13. On or about December 24, 2014, E.T. saw Respondent again, and she noted that the
13 drug screen did not show any opiate medications. Despite numerous references to the drug
14 screenings, there were no actual toxicology reports in the medical record. The physical
15 examination Respondent documented at this visit did not contain any reference to back or leg
16 pain. E.T. requested a prescription for oxycodone at this visit. Respondent's assessment
17 indicated that E.T. had intervertebral lumbar disc disorder with myelopathy in the lumbar region
18 and she prescribed hydrocodone with acetaminophen 5/325, recommending he take a half or one
19 tablet three times per day as needed. She further indicated that E.T. had pharyngitis, and ordered
20 a rapid strep test, although no result was documented. Finally, she ordered a drug screening,
21 although again no result was documented of the drug screening.

22 14. The final documented visit E.T. had with Respondent occurred on or about May 19,
23 2015. At this visit, Respondent documented that E.T. had been using illegal street drugs such as
24 methamphetamine and heroin and that he had also been consuming alcohol. Respondent
25 documented that E.T. had failed to keep pain management appointments in 2013, and a more
26 recent referral to physical therapy in January of 2015. The record indicated that Respondent had
27 contacted a mental health provider and that E.T.'s responses to questionnaires concerning his
28 mental health status were alarming. Respondent indicated that she was in the middle of obtaining

1 a referral to a drug counseling program when E.T. left the office to smoke a cigarette and did not
2 return.

3 15. Pharmacy and prescription records show that Respondent began providing E.T.
4 prescriptions for opioid medications in February of 2012, although there is no documented pain
5 contract between Respondent and E.T. in the medical records. In February and March of 2012,
6 Respondent prescribed 180 tabs per month of hydrocodone-acetaminophen 10/325 (Norco), and
7 for April to July the amount went up to 240 tablets per month. During July of 2013, the amounts
8 and frequencies of the Norco prescriptions changed when E.T. received several prescriptions for
9 Norco from Respondent only weeks apart. On or about July 3, 2012, and July 24, 2012, E.T.
10 filled prescriptions from Respondent for 240 tablets of Norco 10/325, and on or about July 10,
11 2012, E.T. filled a prescription from Respondent for 120 tablets of Norco 10/325. This
12 constituted a total of 600 tablets of 10/1325 Norco for the month of July 2012, which exceeds the
13 maximum safe dosage of acetaminophen. On or about August 10, 2012 and October 2, 2012,
14 E.T. filled additional prescriptions from Respondent for 240 Norco 10/325. On or about October
15 1, 2012, Respondent filled a prescription for a small number of Norco from a different provider.

16 16. At the end of 2012, and the beginning of 2013, E.T. began to fill increasing numbers
17 of prescriptions from Respondent for opioid medications. On or about December 31, 2012,
18 January 17, 2013, January 30, 2012, and February 16, 2013, E.T filled prescriptions for 240
19 tablets of Norco 10/325, prescribed by Respondent, which constituted 720 tablets of Norco in a
20 six-week period. In addition, on or about January 17, 2013, E.T. also filled prescriptions from
21 Respondent 10 patches of Fentanyl 12 mcg/hr. On or about February 3, 2013, E.T. filled a
22 prescription from Respondent for 30 tablets of 30 mg morphine sulfate. On or about March 12,
23 2013, E.T. filled a prescription of 240 Norco 10/325 from Respondent, and filled another such
24 prescription only six days later.

25 17. Between June of October of 2013, E.T. filled prescriptions for Norco from
26 Respondent at multiple pharmacies over a condensed period of time. On or about June 10, 2013,
27 E.T. filled two prescriptions from Respondent for Norco 10/325 at two different pharmacies. On
28 July 8, 2013, and July 11, 2013, E.T. filled prescriptions from Respondent for 240 tablets of

1 Norco 10/325. On or about August 29, 2013, September 6, 2013, September 29, 2013, October 4,
2 2013, and October 6, 2013, Respondent again filled prescriptions from Respondent for 240 tablets
3 of Norco 10/325 at multiple different pharmacies. These prescriptions again caused E.T. to
4 receive more than the recommended amount of acetaminophen over this timeframe.

5 18. In or about October 2013, Respondent changed E.T.'s medications. On or about
6 October 25, 2013, Respondent prescribed 210 tablets of Oxycodone hydrochloride 30 mg tablets.
7 Two days later, on or about October 27, 2013, E.T. filled another prescription from Respondent
8 for 240 tablets of Norco 10/325, and on or about November 2, 2013, he filled another prescription
9 from Respondent for 240 tablets of Norco 10/325. This was the last prescription for Norco E.T.
10 filled from Respondent. Instead, on or about December 13, 2013, and December 31, 2013, E.T.
11 filled prescriptions for 210 tablets of Oxycodone hydrochloride from Respondent. The last
12 prescriptions E.T. filled from Respondent was for a final 210 tablets of Oxycodone hydrochloride
13 on or about August 14, 2014.

14 19. Respondent was grossly negligent in her care and treatment of Patient E.T. for her
15 acts including, but not limited to, the following:

16 a. Failing to properly manage a chronic pain patient by having a pain medication contract
17 with informed consent, documenting the current medication regimen, seeing the patient on at least
18 a quarterly basis with urine testing, establishing a comprehensive treatment plan, documenting a
19 full physical examination with the location and severity of pain and its response to medications
20 and therapies, obtaining consultations, and modifying the treatment plan as necessary;

21 b. Performing and documenting inadequate examinations of E.T.;

22 c. Failing to check, document, and act on information from CURES reports;

23 d. Failing to obtain and document consultant/imaging reports and test results relevant to
24 chronic pain problems, such as the E.T.'s treatment while he was out of state;

25 e. Failing to clearly document and manage the pain medications being prescribed at each
26 visit such that E.T. was switching between short and long acting opioids and obtaining early
27 refills and toxic amounts of acetaminophen.

28 ///

1 f. Failing to modify the treatment plan or refer for consultation in response to medication
2 abuse signals such as inconsistent urine screens, lack of compliance, and confrontational
3 behaviors; and

4 g. Repeatedly failing to adequately and accurately document the medical record with
5 appropriate physical examinations, medications prescribed and test/imaging results.

6 **SECOND CAUSE FOR DISCIPLINE**

7 **(Repeated Negligent Acts)**

8 20. Respondent Holly Leeds, M.D., is subject to disciplinary action under section 2234,
9 subsection (c), of the Code, in that she committed repeated negligent acts in her care and
10 treatment of E.T. The circumstances are as follow:

11 21. Paragraphs 7 through 19, above are repeated here as if fully set forth.

12 22. Respondent was repeatedly negligent in her care and treatment of Patient E.T. for his
13 acts including, but not limited to, the following:

14 a. Failing to properly manage a chronic pain patient by having a pain medication contract
15 with informed consent, seeing the patient on at least a quarterly basis with urine testing,
16 establishing a comprehensive treatment plan, documenting a full physical examination with the
17 location and severity of pain and its response to medications and therapies, obtaining
18 consultations, and modifying the treatment plan as necessary;

19 b. Performing and documenting inadequate examinations for E.T;

20 c. Failing to check, document, and act on information from CURES reports;

21 d. Failing to obtain and document consultant/imaging reports and test results relevant to
22 chronic pain problems, such as the E.T.'s treatment while he was out of state;

23 e. Failing to clearly determine the pain medications being prescribed to the patient at each
24 visit and correlate it with actual prescriptions, resulting in E.T. switching between short and long
25 acting opioids and obtaining early refills and toxic amounts of acetaminophen.

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28 ///

1 f. Failing to modify the treatment plan or refer for consultation in response to medication
2 abuse signals such as inconsistent urine screens, lack of compliance, and confrontational
3 behaviors; and

4 g. Repeatedly failing to adequately and accurately document the medical record with
5 appropriate physical examinations, medications prescribed and test/imaging results.

6 **THIRD CAUSE FOR DISCIPLINE**

7 **(Gross Negligence, Patient M.W.)**

8 23. Respondent Holly Marlene Leeds, M.D., is subject to disciplinary action under
9 section 2234, subsection (b), of the Code, in that she was grossly negligent in her care and
10 treatment of patient M.W. The circumstances are as follows:

11 24. On or about July 22, 2013, Respondent began treating patient M.W. at the Placer
12 County Clinic. M.W. had a medical history of asthma, anxiety, depression, atrial fibrillation,
13 migraine, hypertension, left sided neck, and arm pain with questionable peripheral neuropathy.
14 Her records also contained references to psychological disorders. M.W.'s medical history
15 contained a report from a neurologist who had evaluated her in 2007 for reported wrist drop and
16 headaches. The neurologist concluded that M.W. did not have a physical basis for her reported
17 symptoms and recommended that she discontinue morphine, which could even contribute to
18 causing headaches.

19 25. At her first appointment with Respondent on or about July 22, 2013, M.W. reported
20 recurring neck pain and reported that she had not obtained a previously ordered MRI because her
21 symptoms had alleviated for a time. She also complained of inability to elevate her left arm
22 above her shoulder, a radial nerve problem causing burning, stinging and dropping things,
23 diarrhea, and a cough that had not responded to albuterol. The physical examination noted
24 normal range of motion of the neck with no thyroid enlargement. Pulmonary examination was
25 normal with a cough with deep breathing. Cardiovascular and abdominal examinations were
26 normal. There was no physical examination of the left arm or shoulder documented. Respondent
27 referred M.W. to physical therapy, rescheduled an MRI, ordered a stool culture, blood work, and
28 a bronchodilator/corticosteroid inhaler. Respondent did not list patient M.W.'s current

1 medications, although she refilled hydrocodone-acetaminophen 10-325 (Norco).

2 26. At the next two appointments, M.W. was seen by a Nurse Practitioner. On or about
3 November 4, 2013, M.W. told the Nurse Practitioner she was seen in the Emergency Room twice
4 and was given Vicodin, which did not help her as she was already on Norco. M.W. reported pain
5 in her whole spine and both shoulders but mostly her left one and left forearm. The Nurse
6 Practitioner reviewed the Emergency Room records which noted that M.W. had a history of atrial
7 fibrillation, which was diagnosed at Kaiser in 2006, and that they had placed her on Atenolol.
8 The Nurse Practitioner performed a musculoskeletal examination with findings showing that
9 M.W. was tender along her spine and left shoulder. The Nurse Practitioner's distal neurological,
10 vascular and motor examination was intact, but the sensory examination was somewhat
11 diminished with an ulnar neuropathy. The Nurse Practitioner diagnosed muscle strain and
12 changed M.W.'s medication from hydrocodone-acetaminophen 10-325 to Oxycodone 10/325.
13 M.W. was referred for an x-ray to rule out fracture of her arm, and physical therapy.

14 27. At the next visit with the Nurse Practitioner on or about November 13, 2013, there
15 was documentation of bruising and swelling of the left arm but no fracture. M.W. requested to
16 return to the hydrocodone-acetaminophen 10-325 (Norco), reporting that the Oxycodone 10/325
17 was not working. The Nurse Practitioner would only prescribe Norco if M.W. returned the
18 Oxycodone 10/325, but M.W. stated that it was stolen so M.W. was instructed to address this
19 issue with Respondent at her next appointment.

20 28. On or about November 19, 2013, M.W. returned for an appointment with Respondent
21 complaining of chest pain for which she had taken nitro with some relief. Respondent did not
22 document an examination or vital signs. There is a copy of an EKG showing sinus tachycardia at
23 a rate of 103. Respondent charted that M.W. never got the MRI due to transportation issues.
24 Respondent sent M.W. to the Emergency Room for further evaluation due to the EKG findings
25 and reported chest pain. A urine drug screen of M.W. was negative for opiates. Previous urine
26 drug screens from M.W. had been negative on or about April 13, 2013 and April 23, 2013 as well.
27 Respondent prescribed penicillin for dental caries, although nothing was documented in the
28

1 history or examination about dental caries, and ordered another referral for an MRI for the neck
2 and arm.

3 29. On or about November 25, 2013, Respondent saw M.W. again for a follow up.
4 Respondent noted that the cardiac stress test had been negative. Respondent documented an
5 examination of clear chest and heart rate and rhythm regular. M.W. reported coughing that is
6 worse at night. Respondent ordered a steroid/bronchodilator inhaler, cough suppressant capsules
7 and an antacid. Respondent noted that M.W. was awaiting physical therapy and the MRI was
8 awaiting approval.

9 30. On or about December 20, 2013, Respondent saw M.W. again and noted that the
10 hospital and Emergency Room notes were completely reviewed. M.W. reported anxiety for
11 which she would be seeing a psychiatrist. M.W. stated she had previous pain in her neck and
12 back, but had not been able to have it worked up fully due to lack of medical coverage. This was
13 false, as M.W. had received a complete work up for these symptoms in 2007, with specialists
14 having concluded that there was no physiological basis for M.W.'s reported symptoms.
15 Respondent's assessment was neck and left side pain, for which she prescribed Norco 10/325.
16 Respondent also diagnosed hypomagnesemia, for which she recommended a supplement,
17 although there was no reference to this problem documented in the history. Respondent did not
18 document a physical examination for the neck and side pain.

19 31. On or about January 23, 2014, M.W. saw a psychiatrist who prescribed an anti-
20 depressant for major depression and lorazepam for anxiety and panic disorder and trazodone for
21 insomnia. The note further stated that M.W. had a history of medication overdose twice ten years
22 ago. On or about February 7, 2014, M.W. again saw the psychiatrist who changed the trazodone
23 to restoril and increased the anti-depressant.

24 32. On or about March 25, 2014, M.W. saw Respondent for follow up with pain
25 complaints. This time her urine drug screen tested positive for opiates and benzodiazepines.
26 M.W. reported a pain score of 4 in her head. Respondent documented that she had increased
27 M.W.'s Norco 10-325 in January without apparent improvement in pain levels, and discussed
28 with M.W. starting a long-acting pain medication. The physical examination was limited to

1 psychiatric and constitutional, and Respondent did not document any examination of the neck,
2 arms, or back. Morphine ER 15 mg, twice a day was added with the Norco 10-325 reduced to
3 one tablet four times per day. Respondent diagnosed neck pain and chronic radicular pain of the
4 lower back.

5 33. At the next appointment on or about April 25, 2014, Respondent noted that M.W. was
6 seen twice in the Emergency Room for chest and arm pain with numbness on April 12, 2014 and
7 April 15, 2014, and that cardiac pain had been ruled out, and that M.W. had a negative stress test
8 in December. M.W. reported continuing neck and shoulder pain and pain under her breast.
9 Physical therapy had not helped. The MRI was scheduled for the next week. Respondent's
10 physical examination was reported as normal, and did not contain a neck, arm or back
11 examination. Nonetheless, Respondent's assessment was of left-sided neck pain, low back pain,
12 and depression. Respondent ordered that M.W. begin methadone, and venlafaxine. There was no
13 documented explanation for the methadone, and the venlafaxine had been started by M.W.'s
14 psychiatrist earlier that month.

15 34. On or about May 1, 2014, Respondent noted that M.W.'s MRI showed only mild
16 disease at any level, and referred M.W. for nerve testing. On or about May 6, 2014, M.W. saw
17 Respondent with a complaint of left ankle swelling without trauma and a two-day history of pain
18 in the back of her neck. Respondent noted that the methadone was not benefiting M.W., and that
19 her pain score was 3, and only in the left foot. The examination documented abrasions on the
20 thorax, a dowager's hump, and swelling of the lateral ankle with no boney or soft tissue
21 tenderness. The rest of the note was blank.

22 35. On or about May 14, 2014, M.W. saw the Nurse Practitioner with complaints of
23 lower left leg and foot numbness. The Nurse Practitioner noted that Respondent had sent M.W.
24 for a C-spine MRI and nerve conduction studies. The Nurse Practitioner completed a physical
25 examination of M.W. and assessed her with left lower extremity numbness, abnormal deep
26 tendon reflexes to left Achilles, left foot weakness, and decreased range of motion ankle and foot.
27 M.W. was referred for an MRI of the lumbar spine.

28 ///

1 36. On or about May 27, 2014, M.W. saw Respondent. M.W. complained of left leg
2 numbness and her arm going numb more frequently. Respondent did not note which arm, but
3 indicated that M.W. described a feeling of pins and needles that woke her at night. M.W.
4 reported having fallen at least five times when her leg gave out. The physical examination
5 documented that M.W. could walk on her heels, but not on her toes with the left foot. M.W. had
6 stocking glove numbness from below the patella down on the right. M.W. had medial joint line
7 pain of the left knee. No arm examination was documented. M.W. reported the methadone did
8 not relieve any pain. Respondent's assessment and plan was: 1) lumbar neuropathy/referral to
9 neurology and start Fentanyl patches 25 mcg per hour and continue Norco 10/325 for neck pain
10 and chronic radicular pain of the low back. Respondent did not document the reason why she
11 was adding Fentanyl.

12 37. M.W.'s final visit with Respondent occurred on or about July 8, 2014. The visit was
13 a follow up for chronic pain and a right elbow injury. M.W. reported that she did not see the
14 neurologist because she believes he was "hostile" to her. Respondent documented that at this
15 visit, she learned for the first time, that M.W. had been a Kaiser patient, and Respondent went
16 through the computer records and saw the Kaiser records that went back to 2007 and concluded
17 that M.W. had physical complaints for which there were no structural explanations or
18 biochemical explanations. No examination was documented, and the assessment and plan only
19 referred to depressive disorder and insomnia. Respondent noted that M.W. cried and discussed
20 her living situation during the appointment.

21 38. On or about September 24, 2014, Respondent authored a letter to M.W. informing her
22 that Placer County Medical Clinic providers would no longer prescribe narcotic medications to
23 her based on an "event last Friday." The letter explained that Placer County Medical Clinic
24 would continue to see M.W., just not to provide narcotic medications. Respondent provided a
25 twenty-day withdrawal schedule for the Norco. No reference was made to the Fentanyl. During
26 an interview with Board representatives, Respondent stated that she could not recall the facts that
27 gave rise to her reference of the "events last Friday." However, Respondent stated even before
28 her last appointment with M.W. in July, she had already determined that opioid medications were

1 not the appropriate treatment plan for M.W.'s condition and wanted to stop prescribing them to
2 her. Respondent indicated that she did not believe she could stop prescribing opioid medications
3 to M.W. without having received approval from the clinic's administration. M.W. continued to
4 receive opioid medication from Respondent through September of 2014.

5 39. Respondent was grossly negligent in her care and treatment of Patient M.W. for her
6 acts including, but not limited to, the following:

7 a. Failing to properly manage a chronic pain patient by having a pain medication contract
8 with informed consent, documenting the current medication regimen, establishing a
9 comprehensive treatment plan, documenting a full physical examination with the location and
10 severity of pain and its response to medications and therapies, obtaining consultations, and
11 modifying the treatment plan as necessary;

12 b. Failing to document concerns or to alter the treatment plan after learning of M.W.'s
13 history of having physical complaints that had no structural or biochemical explanations, and
14 instead continuing to prescribe opioid medications to M.W. for the next several months;

15 c. Failing to address and document inconsistent urine screens;

16 d. Failing to check, document, and act on information from CURES reports; and

17 e. Failing to adequately and accurately document the medical record, and instead having
18 contradictory and missing elements, as well as lack of important physical examinations and
19 reasons why medications were stopped or started.

20 **FOURTH CAUSE FOR DISCIPLINE**

21 **(Repeated Negligent Acts)**

22 40. Respondent Holly Leeds, M.D., is subject to disciplinary action under section 2234,
23 subsection (c), of the Code, in that she committed repeated negligent acts in her care and
24 treatment of M.W. The circumstances are as follow:

25 41. Paragraphs 23 through 38, above are repeated here as if fully set forth.

26 42. Respondent was repeatedly negligent in his care and treatment of Patient M.W. for
27 her acts including, but not limited to, the following:

28 ///

1 a. Failing to properly manage a chronic pain patient by having a pain medication contract
2 with informed consent, documenting the current medication regimen, establishing a
3 comprehensive treatment plan, documenting a full physical examination with the location and
4 severity of pain and its response to medications and therapies, obtaining consultations, and
5 modifying the treatment plan as necessary;

6 b. Failing to document concerns or to alter the treatment plan after learning of M.W.'s
7 history of having physical complaints that had no structural or biochemical explanations, and
8 instead continuing to prescribe opioid medications to M.W. for the next several months;

9 c. Failing to address and document inconsistent urine screens;

10 d. Failing to check, document, and act on information from CURES reports; and

11 e. Failing to adequately and accurately document the medical record, and instead having
12 contradictory and missing elements, as well as lack of important physical examinations and
13 reasons why medications were stopped or started.

14 **FIFTH CAUSE FOR DISCIPLINE**

15 **(Inadequate Medical Records)**

16 43. Respondent Holly Marlene Leeds, M.D., is subject to disciplinary action under
17 sections 2234 and 2266 by failing to maintain adequate and accurate records relating to the
18 provision of services to patients E.T. and M.W.:

19 44. Paragraphs 7 through 19, and 23 through 39, above are repeated here as if fully set
20 forth.

21 45. As set forth in Paragraphs 7 through 19, and 23 through 39, above, Respondent failed
22 to adequately and accurately document the provision of care to patients E.T. and M.W., thus
23 subjecting her license to discipline.

24 **PRAYER**

25 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
26 and that following the hearing, the Medical Board of California issue a decision:

27 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 79232, issued
28 to Respondent Holly Marlene Leeds, M.D.;

- 1 2. Revoking, suspending or denying approval of Respondent Holly Marlene Leeds,
2 M.D.'s authority to supervise physician assistants, and advanced practice nurses;
3 3. Ordering Respondent Holly Marlene Leeds, M.D., if placed on probation, to pay the
4 Board the costs of probation monitoring; and
5 4. Taking such other and further action as deemed necessary and proper.



7 DATED: June 22, 2017

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant